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Comments on Illinois' 1115 Waiver Draft Application
Submitted by Pamela F. Rodriguez, TASC President, January 22, 2014

Thank you for the opportunity to submit comments on Illinois' 1115 waiver draft application. We commend the State's leadership in its initiative to redesign its healthcare delivery systems to bring about a more integrated, rational, and efficient approach that will improve health outcomes and spend State and federal resources wisely.

Since 1976, TASC has engaged in care management, designing and administering numerous programs that connect courts, jails, and prisons with supervised community-based drug treatment and recovery support services. Across Illinois, TASC provides case management, monitoring, and referral to drug and mental health treatment services. We work with criminal courts and probation departments throughout the State to facilitate cost-effective treatment alternatives to prison for individuals with non-violent felony offenses. Similarly, we provide services to inmates and parolees leaving prison who are returning home to their communities, with a goal of reducing the costly cycle of re-offense, recidivism, and re-incarceration.

Because of our experience and expertise, we are particularly interested in the assurance of accessible community-based services for individuals who have substance use disorders, with the understanding that they often also need mental and medical health services. We offer the following comments on the State's draft application waiver.

Pathway 1: Transform the Health Care Delivery System

We commend the State for including the criminal justice-involved population in the waiver, specifically in the proposed Cook County Health and Hospitals System (CCHHS) Delivery System Reform Incentive Program (DSRIP) designed to promote continuity of care for these individuals as they re-enter the community following incarceration in Cook County Jail (pg. 15). As noted in the draft waiver, a significant portion of Cook County CountyCare members are justice-involved individuals; to date, 11,000 CountyCare applications have been initiated inside Cook County Jail. These applications have a 91 percent approval rate

from the Illinois Department of Health and Family Services (HFS) compared to a rate of 85 percent for applications initiated in the community. Medicaid now includes low-income childless adults for the first time. A significant portion of them are young men from low-income backgrounds who face an assortment of socio-economic challenges and health and justice-system disparities. Many have been in contact with public health and justice systems—hospital emergency rooms, jail, or prison. It is appropriate and commendable that the State not only builds on the work with this population in Cook County, but also that Illinois continue to incorporate lessons learned from CountyCare statewide.

Included in CCHHS' DSRIP proposal to improve continuity of care for persons leaving Cook County Jail is the creation of a registry of justice-involved patients, and the provision of housing services and transitional medications to this population post-release. The benefits of this proposal are multi-faceted. It will help reduce recidivism for individuals whose lack of treatment for their behavioral health conditions has contributed to their contact with the justice system, create savings in the County budget, and improve health outcomes so as to allow a focus on social avenues of restoring citizenship, such as education and employment. Effective behavioral health treatment may contribute to a reduction in criminal offenses perpetrated by individuals whose disorders include compulsive need for substances or as a result of a mental health condition.

That said, we ask that the State consider a different name for what the draft waiver refers to as the "patient registry" for justice-individuals to something less potentially stigmatizing, such as the "patient database." The term "registry" often has negative connotations, as is the case with sex-offender registries, murderer registries, etc. Additionally, we want to ensure that our clients are being integrated into the existing insured population and not alienated in the way they experience and receive care, and so we ask for vigilance with regard to potential unintended consequences that may result from grouping all individuals who come from the justice system into one list, especially in an era of integrated care.

Pathway 4: LTSS Infrastructure, Choice, and Coordination

We applaud the State's inclusion of persons with substance use disorders and serious mental illness among those in need of long term services and supports and its decision to create access for this population by its inclusion in the waiver (p. 34). The draft waiver indicates that service definitions and provider

qualifications for this population will be developed. We ask that stakeholder input be provided in the development of service definitions. Further, we observed that there was no explicit mention of case management in the list of LTSS services to be included in the waiver (p. 9) even though case management is a current LTSS service available to children and young adults with developmental disabilities. It is our understanding that the waiver is designed to facilitate the addition of new services rather than the elimination of current services. We recommend that case management be included as an LTSS service made available to the wavier population.

Finally, we would like to work with the State to ensure that the policies stemming from the waiver are in alignment with the needs of the people served by it. Thank you again for the opportunity to submit comments. Please feel free to contact me with any questions.

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